

Phlegmasia dolens

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An
Essay on
Pneumatia (Polens)

by

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Thrombosis Polens

Among the variety of definitions given by authors of *Thrombosis Polens*, I find none so short, and at the same time so accurate, as that of Callisen which I shall in the general adopt.

This affection he calls *Oedema Purpurarum*, by which he means a swelling of the lower extremity or sometimes both, to which lying-in women are occasionally subject.

It is a tumor of the elastic kind, white, shining, pale, painful, and by some considered of a milky origin, not retaining the jet made by the pressure of the finger, frequently attacking lying-in women, but very seldom those who are pregnant.

The inferior extremities are the seats of this disease sometimes one sometimes both, it however but seldom attacks both at the same

same time, it affects the right oftener than the left and but rarely attacks the superior extremities.

The tension and pain of the groin generally occur twelve or fourteen days after parturition, a swelling follows which gradually extends itself to the labium of the side affected, the thigh and leg successively also become involved in the disease, and finally the pain tension & subsequent swelling passes to the foot; it is always ushered in or accompanied by fever.

The disease continues from four to eight weeks, and sometimes even for a longer period.

The complaint with which it is most liable to be confounded is Anasarca, but an attentive observer will easily distinguish it by the following signs. It generally commences at the upper part of the lower extremity, the swelling is not so painful, and it does not retain the impression made

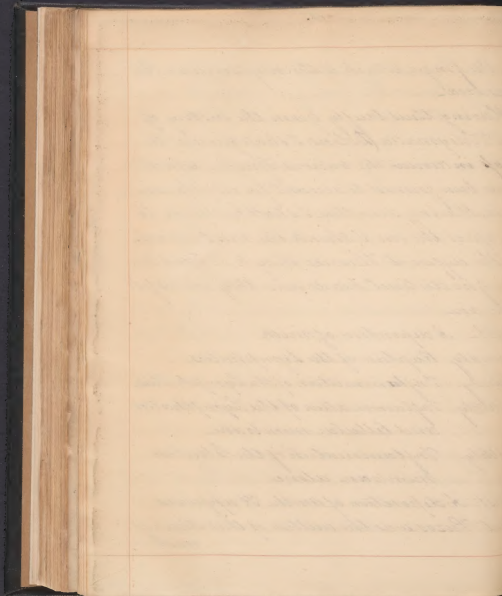
by the finger, which is the only course in An-
 auresia.

Having thus briefly given the history of
 the Pilegmatic (Pleurisy), I shall proceed to
 pass in review the various Theories which
 have been formed to account for its produc-
 tion. Having done this, I shall endeavour to
 support the one I think the most correct.

The different Theories may be classed con-
 sider for distinct heads and they are as fol-
 low. viz.

- First. A deposition of milk.
- Secondly. Rupture of the Lymphatics.
- Thirdly. Inflammation of the Lymphatics.
- Fourthly. Inflammation of the Lymphatics
 and cellular membrane.
- Fifthly. Inflammation of the cellular
 membrane alone.

First. A deposition of milk. It appears
 that Puzos was the author of this theory
 and



and it follows that the milk is not
in a state of fermentation.

It is also to be observed in fa-
vor of this hypothesis, that in
the experiments which I have made
with the attack of a person in the year
1848, the milk did not disappear
so rapidly as it does in the
case of the present case. The following
is a statement of the facts as they
occurred in the latter case, as they
were related to me by the patient.

He says that the milk was not
used with great propriety, that milk cannot be
formed by any other means than the action of
the breast, and that in these cases
when the milk diminishes or totally disap-
pears we cannot say that it is owing to a
translocation of milk to the leg, for it is well
known that in some instances the quantity
is not diminished until after the accession of
the



the complaint, which proves that it is rather the
effect than the cause: when the formation of
milk is impeded or entirely prevented either in
consequence of diminished secretion or increas-
ed absorption previous to the attack, we cannot
fairly conclude that the milk enters the course
by being translated to its seat, I think it
will be more correct to suppose that the dimin-
ished discharge from the breast by inducing
a plethoric state of the system and consequent-
ly increasing the tension and tone of the blood
vessels may give subcutaneous inflammation
attended by an extravasation of fluids which
resemble milk in appearance but not in char-
acter.

Against the second argument it can be
objected that the curdled fluid is not milk
although it may resemble it in color, admit-
ting that the effused humor is whitish, and
separated into serum and a coagulable part, it



it does not prove it to be milk; but perhaps the
very reverse for it is an incontrovertible fact
that human milk is not coagulable while
contained in the system, it therefore follows from
what has been said that this hypothesis must
certainly be incorrect. But no sooner were
the views of this theory pointed out than one
not less excusable was put forth and
supported by some of the most respectable
names. In 1786 Mr. White the author of this
new theory gave the following account of it.
He supposed that the disease originated
from a rupture of the Lymphatics of the
^{neck} ins. caused either by the gravid uterus or
by the pressure of the head of the child through
the pelvis. In opposition to this theory it can
be alleged 1st that no experiments have
as yet proved that the lymphatics can be
ruptured without entirely destroying the
vessels of the part. 2^d As to the head of the
child



death in its descent through the Yelvis occurrin
any rupture of the Lymphatics and being the
cause of the disease, it is proved not to be the
yet from the circumstance of its occurring
sometimes in men when no such rupture
could take place 3rd It is also known to be
a fact that the rupture of the Lymphatics
sometimes happens when it is not followed
by Phlegmatica (Tolens). It may also be asked
why this disease does not always take place in the
liver of this case the answer is 4th If the rupture
is to flow from the obstruction of returning
this, the vessels must be ruptured before
the peritoneum, we can very reason to explain
why the branch should be made anterior
in one breast, that of the lower extremity
rather than in another. or I think it would
be more correct to suppose, that of the lymphatic
was, owing to the rupture of the Veins and its
contents would not be removed there in the
they



They would become so "case" and their claims
thus enlarged rather than explained. They are
not "cases" at all. The "cases" are the
"facts" which they are supposed to explain.
The two parts are not "before" there is no doubt
but that such cases have occurred, now is
it while that the world could find light
even as the time mentioned & each term
with the lymph?

Having thus concluded my objections to the
 whites them I shall proceed to consider the one
 which attributes the disease to an impure
 humoral and miasmatic cause as the Symp^t & Mal^l 1842
 1842 Dr. Farr of Cambridge published an ac-
 count of this disease. He attributed it to the
 above mentioned cause, and was, I believe
 correct, the author of it. He supposed the
 cause to be accumulated in the following
 circumstances in consequence, the disease
 most of the Symp^t & Mal^l glands and vessels
 thereby



there is no inflammation and there
is no discharge from the lymphatic duct,
but a swelling that has even subsided and
we know that the inflammation has
in the lymphatics themselves is increased in
fact. It appears that this thing was formed
and established upon our case, where
it was where the patient felt considerable pain
in the arm and where he says he could
no longer use the arm, that is a little enlarged.
But it may be allowed to judge from all
the cases which we have upon record, to
show that the inflammation and enlarge-
ment of the lymphatics is but a rare occur-
rence and by no means confined to the dis-
ease. It sometimes in the former has in some
instances been observed I am willing
to allow but when it happens it is that has
not with in the beginning or else is very
slightly as by no means to be reckoned to
the



the production of the symptoms. I am therefore
induced to believe that when it does occur, that
it is the effect, and not the cause of the dis-
ease. We all know that inflammation of the
dorsal and Torsal columns is extreme-
ly liable to terminate in suppuration. I can
imagine it then that those abscesses which
are supposed to be primary, and which do
not allow suppuration in the inflammation, and
the true image is that the internal thoracic
Glands sometimes disorganize, but I can not
see how this can be the case 1st because we
see that suppuration when it does occur
takes place where there are no glands—
2^d the suppuration is too extensive to ad-
mit of this supposition, or when suppu-
ration takes place in the same the matter
extends over all the back part of the ribs
and below the seat of the glands and 3^d
inflammation and swelling of the sym-
physis



phatics may take place without causing
any pain and I believe this is generally
the case. Now then is it possible to consider
this the cause, when it is well known to
many persons who are conversant with
the disease, that Trichinaria Poloni is
infected with the greatest virulence and
destructiveness, so much so that the patient
cannot bear even the sight of the food, &c.
I could recollect and state many more ar-
guments against this theory, but I think
it will be concerning some horse property.

The theory which I have just attempted to
prove erroneous, continued to prevail until
Dr. Mulli's publication which appeared about
the year 1860. He stating at length the dif-
ferent theories and his objections to them,
and receiving his information from all
the best medical authorities he was able to
procure, together with his own experience.



he imagines the theories, and attributes the
disease to an Inflammation of the in-
terstices and cellular membrane. After giv-
ing the history of the disease, he proceeds to
give the account which he divides into local
primary and exciting. He considers the pre-
disposition to be first, the increased irritabil-
ity and disposition to inflammation which
prevail during pregnancy and in a still
more degree for sometime after parturition.

2^d The over distended and relaxed state
of the blood vessels of the Inferior part of the
Trunk and lower extremities, produced dur-
ing the latter months of Utero-Gestation.
He says that during pregnancy the circu-
lation through these parts is very much
increased and also inconsequence of the
anal pressure of the enlarged Uterus upon
the Veins seems it not uncommonly hap-
pens, that the blood by being more than
accumulated



accumulated in the womb of pregnant women
produces a distended or even varicose state
of the veins, and an increased effusion of
water from the capillaries into the cellular
membrane of the womb, and that there is
reason to believe that the ovaries also are
kept constantly softer than in their natu-
ral state, owing to the obstructed return of
venous blood. Hence the blood vessels of the
cellular texture of the uterus are enlarged &
the softness of the womb being increased
and thickened during pregnancy, these
parts are rendered more subject to the above
mentioned affections and consequently liable
to the formation of the tumour and abscess.
The arguments which I have to urge against
the supposition being involved in this case
of the cause are as follow. 1st That the tumour
portion of the womb produced in consequence
of the inflammation of the Ligaments, is
rather



neither so painful at first nor so tender or
tense, nor so difficult of removal, nor so free
from discoloration as the swelling of the dis-
ease of which I am treating. 2^d If this dis-
ease consisted of an inflammation of the
skin, much redness, occasioned by rupture
of the hue of the chest in its progress through
the joints, would be instead of seldom seen.
During, & during the last period after delivery,
it should always take place within the
usual menstrual time, because those vessels may
be supposed to have suffered more from undue
exercising labor. 3^d The abolition of the
menstruation in the other lower extremity, common
in labor & in some has been attributed to both men-
struation & to the menstrea. It has been asserted
by some, that this is a local disease, but I
think they are incorrect, for this disease, the
disease is frequently accompanied and accom-
panied by considerable marks of systemic
disease.



during which time the tumour, swelling, and
stiffness increases the higher part of the tumour
extremity. Having thus briefly related my ob-
servations to Dr. Ferri's theory, I shall proceed to
state the theory which has been alleged to ac-
count for all the phenomena, and which attri-
butes this disease to an inflammation of the
cellular membrane of the testis.

This theory was first advanced by Dr. Ferri
& this city and being questioned in 1840 by his
own experience he gives us the most correct
mode of treatment, and which has since been
generally adopted. My reasons for believing
that this is the correct theory, are the following
1st That if the sympathies were in the least
inflamed that the disease would advance
with more rapidity than it generally does.
2nd If they are all well aware that inflammation
of the cellular membrane may take place
without any redness of the testis, which is
not.



not the case with the asymptomatic. It may
be said, a fever can then be inflammation
and is the heat necessary? My answer is,
that rectum though a general attendant
of inflammation in the human body does
not itself constitute inflammation, nor is
it in fact a circumstance essential to it, for
in many instances rectum will take place
without there being any inflammation, we
have an instance of this in blushing, the cheeks
redden and an increase of heat,
sensible but to the eye cannot touch, but there
is no pain consequently no inflammation;
and on the other hand, the cornea when an
examined has a single vessel carrying red
blood beyond its margin is frequently af-
fected with a high degree of inflammation,
we have also examples of this in the ear:
Scleritis &c. &c. The termination of the disease
I think is one of the strongest arguments
from



part of inflammation never in fact, until it
becomes a doubt, for it may terminate as all
inflammations do, either by resolution, effusion,
infiltration, or suppuration. With these views, and
what I have said of the various circumstances
a different line of practice the circumstances can't may
safely be received that the last is the one
which is best and by which it is best to conduct
the treatment of the disease.

It is now what the chronic which at different
times has called might have been, it died
in a slight degree after the heat of the at-
tempt, for it is true that the circulating
mode was the one generally adopted, but
it is good in this respect. Some physicians
blood letting both general and topical, some
calomel, some emetics, and some the con-
junct operation of all.

It appears to me that it will be, and in
fact it is necessary to decide the case, and only
then



three distinct stages for the treatment of disease on account of the remedies as they differ & are useful in the different stages.

1st The early or inflammatory stage.

2^d The subsiding, or when the inflammation has nearly subsided.

3^d The Convalescing stage.

The indication in the first stage is very plain, to reduce arterial action & thereby to lessen the inflammation. To accomplish this we are to be assisted by relaxing measures. The first of which is blood letting both general and local we are to abstain from the arm until the inflammation is reduced, if we find we cannot succeed by taking blood from the arm, we may abstract it to the foot. We are so during this time to give a purge the best of which is some of the neutral salt. The real thing to be done is to make local applications to the limb with the view of a permanent



abstaining the cataplasms unguents. The best
of which is the vinegar bath which is to
be used in the following manner. The
bed clothes are to be raised by means of stools
round & under them we are next to take some
bricks and heat them, then pour upon them
a pint of the vinegar, wring the bricks in flame
and while in this state place them on
the side of the tumor affected. They are to re-
main from fifteen minutes to half an hour
or even longer if the patient can bear it &
then removed: this application is to be made
three or four times a day if perspiration be
not induced in fifteen minutes they should
be removed, as it is a way that we have not
depleted sufficiently, we must therefore dis-
continue them and again resort to resusc-
itation, leechings or bleeding, as the case may
require and afterwards the bricks may be ap-
plied in the manner just described. Some-
times



times we are unable to do so, as we are unable to cause it, to secure the
'good' circulation, it is here we may derive
great benefit from the use of digitalis.
The mode in which it is to be given is a cat-
ten drops three times a day and continued
until the pulse be reduced.

Should the disease catch the ^{apoplectic} state
which sometimes happens, we are to pursue
the same mode of treatment; coupling in these
cases when the disease is ^{marked} by exhaust-
ion by the nervous depletion, here we are to
commence immediately with the calomel bath,
and if there is much action in the blood re-
sult we may resort with great benefit to
leeching and to the tincture of Digitalis
or tincture given as before directed.

The disease is sometimes preceded by the
-ine Hemorrhage which may have caused
great acidity, even the pulse remain quick and



and frequent here the utility of the system
is so great that we cannot but, we may
also in this instance with a view to have
the same resort to the line of op. & stasis.
It has been recommended to apply a. to the
groove the same during the inflammatory
stage, I have no doubt but that it might
be applied in the stage of the inflammation
provided the patient could bear it, but it
is not known that the time is so very con-
fusable and the pain is very severe that the
patient cannot bear the weight of the line
either, therefore it would be impossible to
use it. In the more advanced stage of the
disease after inflammation has in some
measures been reduced, then probably the col-
ic will be some very beneficial.

The 2^d St. Having passed over, the
second one comes on which may be known
by the swelling, hardening of the Occupatus
Natus



nature, retaining the impression made by
the finger when we pressed it. The remedy
which has proved very successful is an oil
could be applied in a quart of spirits and ap-
plied to the legs by means of gentle friction.
After the disease is entirely removed there is
generally an Acute Rheumatism state of the limbs.
The remedy for the relief of this is the stollen
and exercise, and fumigations of turpentine
which may be used as follows, place the limbs
affected over a tub which has hot embers in
it, cover the tub with a blanket, and
sprinkle on the embers the common turpentine.
The patient during the whole period of the
complaint, should be kept in a horizontal
position. The strictest attention should
be paid to her diet which should be of the
contagious kind since, it should consist of
succulent substances such as rice & milk
Tapioca barley &c.



If in the second stage she be very much
debilitated we may allow her a little ani:
mal food & in the third her diet should
be generous but not stimulating, exercise
in a carriage is highly useful.

